

**GIF**  
GLOBAL IMPACT FACTOR

0.876



pISSN 2321-5453  
eISSN 2347-5722

Available at: <http://itirj.naspublishers.com>

# INNOVATIVE THOUGHTS

## INTERNATIONAL RESEARCH JOURNAL

Volume 5  
Issue 6 June 2018

A REFEREED JOURNAL

Listed In



## IMPACT OF THRIPHALADI RASAYANA AND YOGA THERAPY ON LOW GRADE NON HODGKINS LYMPHOMA

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The principles of Ayurveda, the ancient system of Indian origin is the aggregate of diagnostic therapeutic practice is based on the Vedic texts, incorporating a complete life instruction and branches on constitutional medicine, surgery, longevity practices etc. Ayurvedic medicine represents a complete guide for health, well being and spiritual energy which dates back several thousand years. Traditionalist see Ayurveda as part of the root stock of Indian culture and have been lobbying strongly to preserve and expand it. The rural poor and the Indian intellectuals have supported this. As the severity of Non-Hodgkins Lymphoma (NHL) gives a terrible impact on an young population it is imperative to try the Ayurvedic system which give more stress in improving the patient as a whole in the Holistic method.

Administration of medicine for Non-Hodgkins Lymphoma was made to achieve the objective of the immune boosting as well as to act as the therapeutic medicine for the disease. So the Triphaladi Ramayana was administered. In addition to the administration of medicine, yoga therapy has also been suggested to those patients who are reasonably healthy and on the road of recovery. It is a universally accepted principle that meditation is a practical method for eliminating stress and developing mental balance and harmony there by enabling one to lead a healthy life. Health which has been defined by WHO as a state of complete physical, mental and social well being not merely an absence of disease or infirmity the patients under NHL group the combined effect of medicine as well as Yoga therapy and strict observance of diet will yield better results.

Rasayana therapy promotes life and maintains the positive health, preserves youth, cures all the physical and mental morbidity, morbid sleep, drowsiness, laziness and weakness. It is helpful in maintaining the proportionate balance among vata, pita and kapha and in turn leading to the equilibrium of these tridoshas is helpful in producing stability, cures slothness of the muscles, stimulate the enzymes responsible for digestion and metabolism and brings about excellence in lusture, complexion as well as voice. Rasayana chikitsa can be a promising therapy for cancer patients. It can be administered as a curative and supportive therapy for them. Curative property of the Rasayana treatment in cancer is yet to be established. In advanced cases, Protein Calorie Malnutritionis (PCM) more in cancer patients. Rasayana chikitsa by its nourishing and immunity enhancing mechanisms will be a relevant support for them. Metastases and recurrence can be checked. Patient can lead a comfortable life with Rasayana.

It is noteworthy here that ayurvedic classics have advised to administer Rasayana in young or middle age. The body in this age gets maximum benefits from Rasayana chikitsa. Considering the role of the factors such as age, immunity and diet in causation of cancer it can be assumed that Rasayana gives protection from cancer also. It builds up the body immunity, correct the adverse effect of malnutrition. cancer is a disease of cells ,characterized by the uncontrolled growth of cells. In a body, which is bestowed with Rasayana chikitsa, cells will function normally throughout, so that the body is little or not vulnerable to get cancer.

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It has been established that the carcinoma patients exhibit significantly elevated level of circulating catecholamine. The circulating level also found increased in cases of carcinoma. But blood histamine on the other hand is significantly elevated in sarcoma patients. Both plasma catecholamine and plasma cortisol are widely known to increase in response to stress. This stress plays a definite role in the development and progress of carcinoma in various parts of the body. Excessive cortisol lead to proliferation of mutant cells which leads to tumour formation. Yoga therapy is a well declared relaxation technique which is also employed as part of the Ayurvedic treatment to reduce the overall stress. To maintain good physical and mental health the patients are advised to follow yogic practices .Yogic practices will help reversing the progress of the disease but also increase the resistance of the body at the psychophysiological level. In this context the investigator conducted this study.

### OBJECTIVES OF THE STUDY

1. To find out the effect of Triphaladi Rasayana along with Yoga Therapy on low grade Non Hodgkins Lymphoma and resistant intermediate and high grade Non-Hodgkins Lymphoma.
2. To apply a less costly, less morbid, well accepted method of treatment on NHL.

### METHODOLOGY

Experiment method was adopted for the study. Equivalent Two Group Pre-test Post- test design was selected. Purposive sampling technique was used for the study. The sample comprised of 30 patients age range 25- 75 years with histologically proven Non-Hodgkins lymphoma, attending the M.O.I.O.P of the regional cancer centre during a period of 18 months.

The two groups such as Low grade Non-Hodgkins Lymphoma , and Resistant intermediate and High grade Non- Hodgkins lymphoma were taken for the study.

**Inclusion Criteria:** Histopathologically proven disease, staged disease, low grade NHL and resistant intermediate and high grade NHL –failed with chemotherapy.

**Exclusion Criteria:** Poor performance status, organ failures such as renal and hepatic, CNS disease, anticipated survival less than one month, pediatric cases less than 14 years, life threatening infections.

**Procedure:** Two groups were given Triphaladhi Rasayana (15 grams of powder with ghee and honey) twice daily-morning and at bed time- with milk as anupana for period of one month.to every patients, the instructions of Yoga and Niyama were given. The asanas sected are Padmasana (5 times), Vajrasana (5 times), Paschimothanasana (5 times), Padaohasthasana ( 5 times), Savasana-at least 5 minutes after completing other asanas 1-2 minute in between other asanas.

**Investigations:** Lymphnode Biopsy, Bone Marrow Biopsy, Ultrasound Abdomen (abdominal lymph nodes - para aortic and pelvic nodes- were assed), X-ray Chest ( Medistinal nodes were assessed)

**Assessment Criteria:** symptoms improvement, size and number of nodes, liver, spleen, hematology. Patients were assessed at the end of 2 weeks and 4 weeks as per proforma.

### ANALYSIS AND INTERPRETATIONS OF THE DATA

#### 1. Distribution of Patients based on Resistant Grade and Gender

All the thirty patients were observed and evaluated the symptoms based on resistant grade and tabulated as follows.

Table 1. Number and Percentage of Patients based on Resistant Grade and Gender

Resistant Grade	Number	Male	Female
Low	14 (47%)	5	9
Intermediate	11 (37%)	7	4
High	5 (16%)	2	3
Total	30 (100%)	14 (43%)	16 (57%)

Out of 30 patients 14 (43%) are male and 16(57%) are female. In the low resistant group 5 of them are male and 9 of them are female, while in the intermediate group 7 belongs to male and 4 belongs to female. In the high resistant group 2 of them are male and 3 of them are female.

## 2. Distribution of Patients on the basis of Prakruthi, Doshik and Satwa

The patients were classified based on the Prakruthi, Doshik and Satwa and tabulated as follows below.

Table 2. Number and Percentage of Patients on the basis of Prakruthi, Doshik and Satwa

Distribution	Low Grade	Percentage	Resistant Group	Percentage	Total
Prakruthi	Vatha Kapha	7	50	9	16(53.33%)
	Vatha pitha	4	28.57	6	10 (33.33%)
	Kapha pitha	3	21.42	1	4 (13.33%)
Dosha predominance	Vata	9	64.28	9	18(60%)
	Pitha	0	0	0	0
	Kapha	5	35.7	7	12(40%)
Satwa	Pravara	0	0	0	0
	Madhyama	11	78.57	12	23(76.66%)
	Avara	3	21.42	4	7(23.33%)

Out of 30 patients , it is seen that 7(56.25%) belongs to Vata kapha prakathi. None of the patients belongs to ekasoshaprakrithiand Samadosha prakrithi.

It is seen that 18(60%) belongs to Vata dosha predominance and 12 (40%) were having Kapha dosha predominance whie none of them belongs to Pitha dosha predominance.

Majority of patients (76.66%) were mdhyama satwa and 23.33% were Avara satwa while none of them belongs to Pravara Satwa.

### 3. Status of Node among Patients with three Lymphoma Grades

The changes in node status among Low, Intermediate and High grade Lymphoma were noted at before and after the therapy and tabulated as shown below.

Table 3. Changes in Node Status at Before and After the Therapy among Patients with Three Lymphoma Grade

Lymphnode	Grade	Present	Reduced	Absent
Neck	Low	9	3	6
	Intermediate	9	7	2
	High	4	2	2
Axillary	Low	4	2	2
	Intermediate	8	3	4
	High	1	-	1
Abdominal	Low	4	-	2
	Intermediate	4	-	2
	High	1	-	1
Inguinal	Low	4	3	1
	Intermediate	2	2	-
	High	-	-	0

After the therapy the different type of lymph nodes were reduced and completely removed.

### 4. Remission Status among Patients with the Three Lymphoma Grades

The remission status among the patients were analysed and tabulated as shown below.

Table 4. Remission Status among Patients with three Lymphoma Grades

Status	Grade			$\chi^2$
	Low	Intermediate	High	
Complete Remission	6	2	1	1.43
Partial Remission	4	4	1	
Stable Disease	4	5	3	
Progressing Disease	0	0	0	
Total	14	11	5	

From the table it is seen that in the low grade, 10(71.2%) patients belongs to partial and complete remission. In intermediate and high grade, out of 16 patients 8(50%) showed high

remission. The difference is not significant at 5% level ( $\chi^2 = 1.43$ ). This is properly due to small numbers.

### 5. Status of Bone Marrow Biopsy and Remission After Therapy based on Grade

The bone marrow test results and remission among the patients after therapy were analysed and tabulated as shown below.

Table 5. Bone Marrow Biopsy and Remission After Therapy among Patients based on Grade

Grade	Positive	Partial Remission	Negative	Partial Remission
Low	6	4	8	6
Intermediate	5		6	
High	3	3	2	5
Total	14	7	16	11

Among low grade lymphomas bone marrow was positive in patients, 49.66%) received partial remission. Among bone marrow negative group, out of 8, 6 (75%) had partial remission while in high grade lymphomas, 3(75%) out of 8 positive bone marrow patients received partial remission and out of 8 patients 5(62.5%) negative bone marrow patients had partial remission.

### FINDINGS

The main common symptoms noticed in almost all the patients of NHL were fever, night sweats, weight loss, lymph nodes enlargement, splenomegaly, and hepatomegaly. Ayurvedic therapy was successfully employed and all these symptoms were partially or completely controlled.

Remission status among the patients with different lymph node status was changed but the change is not significant at 5% level. The patients get relief from different type bone marrow test results.

### CONCLUSION

Thriphaladirasayana along with Yoga therapy is very effective in Low grade Non-Hodgkins lymphoma and resistant intermediate and high grade Non-hodgkins Lymphoma.

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